

**DECONTAMINATION SPECIALIST CERTIFICATION PROGRAM
INITIAL APPLICATION**

Applicant Name: _____

Employer Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

FOR STATE USE ONLY

Test Score: _____ Pass/Fail

Fee Processed: _____

Certificate No.: DS _____

Expiration Date: _____

☐ Please do not put my employer name on the certificate and card.

HEALTH AND SAFETY TRAINING

Please document the requirements specified in R311-500-5(a)(1) and include the certification as an attachment.

TRAINING	DATES		HOURS OF INSTRUCTION
	FROM	TO	
Initial OSHA Certification			40 Hours
OSHA Renewal (most recent)			8 Hours

EXAMINATION

To become certified, an applicant must also successfully pass an examination administered by the Executive Secretary as specified in R311-500-5(a)(2). The passing score is 80% or greater.

☐ I have scheduled an exam date with the DEQ.

(For DEQ use only)

Exam Date: _____ Exam Location: _____

APPLICATION FEE

A \$225.00 dollar fee must be included with the application to allow for processing. The fee is not refundable.

☐ I have included my fee with the application.

(For DEQ use only)

Date of Payment: _____ Amount: _____

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Please return the completed application and fee to:

**Department of Environmental Quality
Division of Environmental Response and Remediation
168 North 1950 West, 1st Floor
Salt Lake City, Utah 84116**

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I have read the Decontamination Specialist Certification Program rules and understand that compliance with the Performance Standards outlined in Section R311-500-8 is a condition of certification. I will not perform any activities that may be cause for revocation of the certificate under Section R311-500-9. I understand that submission of false or misleading information in this application or failure to comply with the applicable eligibility requirements and Performance Standards may result in denial of the application or revocation of the certificate under R311-500 and R311-501.

Signature _____ Date _____